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ABSTRACT

Four papers address issues related to affective competencies needed by teachers of visually handicapped students. In "Role of the Home and Parent in Enhancing Self-Concept," T. Galloway, a parent, describes her experiences in coping with her multiply handicapped child's disabilities and in helping him to feel good about himself. C. Leonard presents a teacher's viewpoint in "Classroom Strategies to Develop Self Concept" in which she cites examples of ways she has dealt with low self concept students. V. Sowell follows with "Affect and Achievement in Visually Handicapped Children," an examination of the effects of self opinion, perceived opinion of others, sense of mastery ability, and social skills. In the final presentation, G. Scholl identifies affective competencies and mastery tasks for "Preparing Teachers to Work with Pupils in the Affective Domain." (CL)

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Affective Competencies of Teachers of Visually Handicapped Students: Identification and Development

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Papers presented at the 60th International Convention of the Council for Exceptional Children

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Introduction

The theme for the 1982 DVH Identity Day, "Affective Competencies of Teachers of Visually Handicapped Students," is an important one for us since educators are expressing increasing concern about the lack of an affective component in educational programs for visually handicapped pupils. This may be related partly to the increased emphasis on academics and partly to the lack of emphasis on affective needs in our teacher education programs. The identification of teacher competencies in the affective domain presents a challenge because they do not lend themselves readily to behavioral definition. Assessment of their presence or absence is an even greater challenge; we must frequently rely on observation which tends to lack precision as well as validity and reliability or on the teacher's effect on the behavior of pupils which is subject to numerous contaminating variables that may be more potent than the activities of the teacher.

The critical need for supporting the affective development of visually handicapped students in mainstreamed settings has been described by Hoben (1982). What the precise role of parents and teachers is in this process and how parents and teachers can be prepared to assume this role effectively are the questions for this session.

We will first examine the role of home and parent in enhancing self-concept; then review some classroom strategies designed to develop self-concepts; followed by a review of the relationship between affect and academic achievement; and finally, some thoughts on how we prepare teachers (and parents) to facilitate this process.

Role of the Home and Parent

in Enhancing Self-Concept

Terry Galloway, Parent
Port Arthur, Texas

I am speaking to you today because I am the mother of a handicapped child. My five year old son, Jason, is visually handicapped, severely to profoundly hard of hearing and has mild cerebral palsy. I have been asked to tell you some of the things we do to make our child feel good about himself.

Before parents can help their child feel good about him/herself, the parents must feel good about the child. Often the parents' first reaction is to ignore any difference in the child. They may secretly feel that if they do not say anything about their fears, they will go away. Often when parents mention these fears to family, friends, or the pediatrician, they are told that they are being over-anxious, over-protective, and the child will probably outgrow the problems. But a child will not outgrow blindness, deafness, or cerebral palsy. The best thing to do is to admit: yes, our child is handicapped, and we are going to do <u>all</u> that we can to help him/her do <u>everything</u> that he/she can. Do not feel guilty or ashamed because these feelings will be transmitted to the child. The earlier the child's handicaps are identified, the sooner the child can begin to learn to overcome or compensate for his/her handicap. With understanding and acceptance the child's feelings about him/herself will be positive.

The second step for parents to help their child feel good about him/herself is for the child to experience some successes. To help the child succeed, he/she must have competent teachers. Many of the skills and abilities a normal child gains from watching and imitating others will have to be

presented again and again to the handicapped child. But studies have shown that children are remarkably plastic and when presented with proper training early in their lives they can progress very well. However, getting the proper educational placement for our child was a long, difficult search and an exercise in trial and error and try again.

Jason was two and one-half months premature. When we finally brought him home from the hospital after ten weeks in an intensive care nursery, we knew that the oxygen given to keep him alive had damaged his retinas and might result in permanent blindness. However, we did not know, although I had been a public school teacher for six years, that according to Public Law 94-142, Jason was entitled to assistance from the school system from birth and we did not find out about this until Jason was about two years old.

The first person we turned to for advice was the pediatrician. He had been telling us that usually premature babies caught up with other children developmentally by the time they were one year old. But at ten months, when Jason's major motor accomplishments were holding his head up and turning over, it became obvious that he would not be even close to doing what normal children do at one year. The doctor then advised us to contact the Mental Health and Mental Retardation (MHMR) office in our state which at that time had an infant stimulation program. I learned that the program was for children 0-3 and Jason qualified because he was premature, if for no other reason; but because of the tests and paperwork you become accustomed to when you have a handicapped child, Jason was 13 months old when he finally was able to begin in the program. Developmentally he was just beginning to sit alone for a few moments at a time.

We learned at MHMR that what Jason did not do for himself, we should teach him so that he could do the tasks. At the time, it was hard to believe

that what we were doing was making Jason feel good about himself. He hated it and cried vigorously to let us know he hated it. But we kept it up. We moved his legs in kicking motions, we rolled him over and over, we pushed him from place to place, and we searched for ways he could become mobile by himself. We tried a scotter board which he did not like and then we got him a walker. He learned to shove from place to place and for the first time in his life he was exploring what he wanted to explore under his own power. This was quite an accomplishment and we knew he was pleased with himself because he became curious and interested in what was going on around him. When he began sitting alone we sat him in his highchair for meals. This helped his self-image because he was doing things like the rest of the family.

At about 15 months he got his first pair of glasses. This along with being able to get around by himself in the walker opened up a new world for Jason. He wanted to see, touch, and examine everything. He was like a different child, suddenly aware that things were going on outside his crib or playpen. By 18 months Jason was pulling himself up to standing, cruising around furniture, and creeping around on the floor. He was sitting alone very well now. Motorically he was making progress but in the cognitive areas, specifically langauge, his progress was almost non-existent. We still felt he could do more. We had contacted the Texas Commission for the Blind but they had nothing available. We asked everyone if they knew what we should do.

It was at this time that my husband met a consultant from the Region VII Educational Service Center. He told her about Jason and how difficult we were finding it to get help for him. She told us that Jason could be served by the Service Center through the Jacksonville Public Schools. She also told us that he had been entitled to these services from birth, according to Public Law 94-142. Once again we were entangled in paperwork before he could

begin to receive any services.

Meanwhile, we were talking to Jason, reading to him, singing to him, repeating his sounds, but still he was making no attempt to talk and did very little vocalizing of any kind. His only sounds were ah-ah-ah and sak-nk made in his throat. He did not turn when we called his name or notice sounds of any kind. Loud noises did not startle him or awaken him when he was asleep. We were almost positive that he had a hearing loss but when we had his hearing tested, they said he probably had a hearing loss but they could not be sure. We wanted to know for sure.

Next we asked the pediatrician to send us somewhere else. He referred us to a neurologist in Dallas who concluded that Jason did indeed have a hearing loss caused by nerve damage. This report was so technical that even the pediatrician did not understand it. We were still not satisfied. We told the pediatrician we wanted Jason evaluated by someone who knew what they were doing and would tell us something. He arranged for us to come to Meyers Clinic at the Texas Children's Hospital in Houston. Again there was more paperwork and waiting but finally in early January, shortly before Jason's second birthday, he was in Houston for three days of very thorough tests, examinations, and evaluations. At the conclusion we were told that in addition to his vision loss, he was severely to profoundly deaf and had mild cerebral palsy. It was not good news, but at least we knew what we were dealing with. They referred us to the Calliers Center for Communication Disorders in Dallas and to the public school system.

Shortly after we returned from Houston the school system contacted us, and an Admission-Review-Dismissal (ARD) was held. A vision teacher and occupational therapist began visiting Jason in our home. Callier also sent two consultants to assist and advise us: a teacher and a physical therapist.

Because of the distance between Jacksonville and Dallas, these visits were less frequent but were very helpful.

At last we felt we were moving in the right direction. Jason was fitted for a hearing aid and we began to concentrate on communication. Progress was slow and we felt Jason needed a more consistent program.

At his annual ARD we were told about the St. Louis School in Tyler where he could go every day from 8:30 until 2:30 and receive vision training, speech, occupational and physical therapy and deaf education, all at one location. We visited the school, talked to the teachers, met the principal and decided that this was the place for Jason. He spent the next two years here even though it meant he was on the road two hours each day traveling the 70 miles round trip from Jacksonville to Tyler. Although we saw a few setbacks and plateaus, mostly we saw good steady progress and we felt Jason was feeling good about himself because he was eager to get there each morning and he was experiencing success.

This past summer we moved to Port Arthur. From August until January Jason attended early childhood classes in Port Arthur. In January, he began going to classes at the Golden Triangle Deaf Coop in Beaumont for one-half day and early childhood the rest of the day.

This year Jason's progress has been at somewhat of a standstill. We attribute this mostly to the trauma of moving to a completely different life-style.

One interesting thing we discovered was that Jason wanted to be like his peers. In the early childhood class he was the only child who wore a hearing aid. He became very resistant to wearing his aid although he had worn it willingly for two years. When he began going to class in Beaumont where all the children had hearing aids, keeping the aid on ceased to be a problem.

The third way I feel parents can make their child feel good about him/herself is through play. Of course many of these play activities are work at school but at home in an instructured setting they are just for fun. Jason likes to play chase, peek-a-boo, kick and throw a ball, sit and spin, ride a tricycle, slide, bounce on his hobby horse. This past summer he learned to ride a real horse. He also enjoys swimming and any kind of outside play. For Jason, as well all children, play is a joyous and wonderful time.

To summarize how we make Jason feel good about himself:

1. We give him lots of love and encouragement;
2. We praise his successes;
3. We comfort his failures;
4. We take him everywhere and expose him to as many experiences as possible;
5. We let him make choices when possible and respect his judgement;
6. We correct him when he does things he should not;
7. We sometimes make him do things he does not want to do because they will help him;
8. We are there for him when he wants us;
9. We respect his privacy when he wants to be alone;
10. We encourage him to play with other children and try to help the children understand in what ways Jason is different and how to communicate with him;
11. We encourage him to do things for himself;
12. But most of all, we try to treat him as nearly normal as possible and ask everyone else to do the same.

As the mother of a special child, an exceptional child, a handicapped child, I would like to say:

1. <u>To doctors</u>: Tell parents the truth; tell us everything. Treat us as though we have some intelligence and listen to us occasionally. Do not

tell us half truths. We are tough. We may cry, but we can adjust and we can help our children to adjust.

2. To educators: Make us truly part of our child's education, not just what you must do to satisfy the law. We want to help and we can help but we need guidance. Do not use a lot of educational jargon that we do not understand. We all want to reach the same goals for the child.

3. To other parents: No one knows your child or cares about your child's welfare as much as you do. Know what is going on. If you think things are not appropriate or in your child's best interest--speak up. If you do not, no one else will.

4. And finally, to my wonderful son, Jason, who cannot hear me, I love you and I am proud of you--just the way you are.

Classroom Strategies to Develop Self-Concept

Colleen Leonard, Visually Handicapped Teacher
Houston School, El Paso, Texas

When asked to discuss what I do in our classroom to enhance the self-concept of the visually handicapped children with whom I work, I was delighted! Easy subject--one I could really relate to--no problem here. Then came the hours of "What do I actually do?" and even more difficult: "How do I explain something I so genuinely feel that I have never had to stop and analyze it?" I finally determined that the only way I can get this across is to tell you about some of my favorite people--my pupils.

You will note I said "people." I find that pupils are not always referred to as people--children, boys and girls, kids, even demons, but not always people. To me there is a special connotation in being considered a person--that is one people. Each of my 15 pupils, age 5-19, is considered a person--the groups are considered people. All but one of these people are mainstreamed some part of the day.

I find these people to be acceptable all of the time; capable most of the time and successful much of the time in our classroom. I witness growth in positive self-concept, self-esteem, self-image--whatever it is that makes one feel good about one's self and results in the ability to interact with others in a satisfying manner. Therefore, I have to assume that being accepted, feeling capable and experiencing a fair amount of success contributes to that self-concept.

First I would like to talk about "acceptable." Let me tell you about Bernardo, whose self-esteem was so far from budding that he hung his head, spoke so softly it could not be called a whisper and was careful not to participate with the group. Bernardo and his sister are photo-phobic and Mother,

who is their sole support, works a long, hard day in a factory to care for Bernardo and Corina. She was not aware there was help available to her and her children until someone turned their names into Child Find. Bernardo spoke no English (even his Spanish was not really up to par); he had had very little association with the outside world because his eyes hurt when he went outside. He was rather unkempt; by the time Mother cared for the basic needs of her two children, she was pretty well worn.

With that background, you are not only frightened when you start to school, you are pretty sure that anything you say or do is unimportant or wrong--so you hang your head, speak too softly to be heard, do not participate and hope that no one will see you any more clearly than you see them. The State Commission purchased glasses and Bernardo was on his way. Our first job (I say "our" because I have two aides, Mrs, Kaprosy and Mrs. Fowler, who share in my philosophy and are an absolute necessity to building positive self-concept in our pupils) was to show Bernardo that he was an acceptable person (no matter what his kindergarten teacher said).

We have a listening point system in our room. You listen carefuliy to the morning announcements the principal makes and, if called upon, and can tell about one of the announcements, you receive a point. After so many points you receive a slip--one of those Frank Schaffer goodies that says you are one terrific person. You proceed to the P.T.A. lady and pick up a bag of popcorn. This is a marvelous motivator for listening and receiving the slip and is a real boon to the self-esteem. With limited English in the beginning, Bernard could not grasp all the morning announcements, but soon he could understand what we were having for lunch and what day of the week it was. Another part of morning exercises is to take your turn in leading the Pledge of Allegiance. The principal does this on the speaker, but we still say we "lead." Repeated

listening to the Pledge on the Vox-Com meant that soon Bernardo was taking his turn in leading the morning exercises. Mrs. Kaprosy had managed to get across to Bernardo how very smart he was--he knew Spanish and now was learning English, too. Bernardo was beginning to realize he was acceptable--he even spoke a good morning and good bye loud enough to hear and a smile that you could see reached from ear to ear because he was holding his head up. By then we were able to help Bernardo and his mother with his personal grooming. And what happened: even his kindergarten teacher finds him a super-acceptable person. Bernard's self-concept is beginning to bud.

It is not always that easy. Sandy had 14 years of being led to believe he was unacceptable. Not a particularly attractive person, not too successful in personal relationships, retarded academically with a parent who felt quite negative about most things, Sandy was not an easy person to love and had just above zero self-concept. I had observed Sandy for three years in other classes. I can truthfully say I had never seen him smile. This year Sandy is my "person" and I am his. I believe it is a reciprocal love affair. I found subject matter for him on his level of ability and enlarged it on the Canarama printer for use in our visually handicapped ro m and in his mainstream room. I speak positively of and to his mother; I speak positively of Sandy to the mainstream teacher.

I have always found the teenage sense of humor delightful. I felt certain Sandy had one but just had never learned to use it. It has been fun teasing and being teased by Sandy. He is immature in many ways, but he knows he is 14 and delights in being treated as 14. Sandy was constantly requiring reassurance that his work was correct or that what he was doing was right. It resulted in a habit for him that meant he was requesting reinforcement when he did not even need it--he was not feeling acceptable. I began to tease him

that he knew he was doing beautiful work and that he just got lonesome for my company. The day he grinned and said, "yup," was the day my own self-concept took a big leap.

It did not happen over night, but we have a successful personal relationship that has spread to the point where Sandy has a successful personal relationship with everyone in the room. I am not going to tell you I made him look like John Travolta, but with that smile he wears so much of the time, he looks downright handsome through and through. He is blooming!

There is a neat side line: being acceptable appears to make you more accepting. My pupils accept one another as they are. For example, Sylvia is 19 years old with the behaviors of a five or six year old. She works one-half day at the Lighthouse and the other half-day is doing, what was supposedly impossible, academics. She is particularly successful in the Janus Survival Vocabulary series, reading words like "detergent" and "pharmacy." The entire class is delighted with her progress and as Sylvia's self-concept blossoms, she advances to even more previously impossible tasks.

Another thing we do in the mornings is give everyone a chance to tell something that is important to them. Not all 15 people will share every morning but sometime during the week everyone has had at least one opportunity. I know when Yvonne goes on a picnic, what Mark did at Cub Scouts, when Nina gets a new pair of shoes. What you do is of interest when you are acceptable.

To me, acceptance as you are is the first step in fostering a positive self-concept. However, you can be as acceptable as you like, but if you do not feel capable, self-esteem is robbed because capability is related to independence and self-esteem must have a touch of independence. Quite often, when you are found acceptable, you are also found capable as Bernardo in listening and leading or Sandy in doing work on his own level. Sometimes

acceptability and capability are intermeshed somehow, but it is not always true. We have two little people in our room, both totally blind, both accepted because they are handsome children and very loveable. But neither of those traits make them capable.

We want Jaime and Mundo to be as capable as possible and expect them to get their own materials out and put them away, as any other person in the room. But it tends to be those things we ask them to do for others that emphasize their capability. "Please put my book in the bookshelf." "Help Bernardo with his chair." These say, "you are capable." Good feeling! Good self-concept builder! Both of these pupils attend kindergarten which was right across the hall. Very recently that class was moved to a new building. We prepared the boys for the move with a simple map made on the Sensoriquill and, for a week, one of us supervised their movement from our room, out of the building, into the new building and into the new room. Then we began the "you are capable" bit, having them show one of the others in the room where the new kindergarten was. "Jaime, show Mike where your new room is." "Mundo, take Jose to the new building." Soon they were asking, "Who shall I take today?" not "Who will take me?" Such pride in being capable! Pride enhances self-concept.

In the light of being capable, let me speak of Joe who was blinded at 13 in a car accident. According to school records, Joe had not been a good pupil prior to the accident, so now academics were doubly hard. As verified by the psychiatric report, Joe was not accepting his blindness as a permanent condition. I did not have Joe for all subjects. Aside from being unrealistic, he was sometimes very demanding, a condition I felt indicated he was feeling incapable of managing for himself. For me, this was the most difficult self-concept building I have participated in--to say, "No, Joe, I will not do that for you because you are capable of doing it for yourself." Depression could

run rampant over reading either braille or print with the Optacon. We discovered jelly beans in our room long before Mr. Reagan became President and I am sure I am responsible for some of the pounds Joe put on. But when you eat a jelly bean everytime you demonstrate your capability, it adds up to a lot of jelly beans. We did graduate to a graph where Joe could pin his daily accomplishments. It really raised Joe's spirits when he could see how capable he was. He discovered he could screw bolts into wood, pound nails, mix a cake, do the washing--truly amazing accomplishments. Joe only spent a year with us before going on to State school, so we did not really get to see this one through, but it made me aware of the need to be honest and realistic in building true self-image. To have given Joe the false impression he could do things he really could not do would only have contributed to the unrealistic attitudes he already had; but to show him how very many things he could do demonstrated how capable he could become.

We have three pupils in the school orchestra. Mrs. Fowler enlarges their music and accompanies them to class when necessary. Our whole class shares in the pride of their musical accomplishments and takes any and every opportunity for them to perform just for us in our room. Not only is their capability demonstrated and self-concept raised, but the younger pupils see the possibilities for themselves.

With all this acceptance and capability comes success: the final blossoming of self-concept. We do a lot of back patting in our room and find much reason to celebrate. If you can see a picture sticker well enough to enjoy that on your paper, as Miquel does, you pick your own. If not, a happy face drawn on the reverse side of braille paper comes out great on the front side and produces another happy face--the recipient's. Jaime receives tactual pleasure from a stick-on star. If you complete a book, like Distar or Janus,

it is cause for jubilation shared by all: jelly beans for everyone in the room! An especially nice paper brought from the mainstream classroom is of equal importance and we all share in the joy of success.

But we do try always to be honest. Being unrealistic could be deterimental to self-concept later on. Accepting poor work, poor for that particular person, is saying, "you are not capable," but refusing an honest effort from another may be saying, "I do not accept you as you are."

Finally, I have to be realistic with myself. What I do there in my classroom is only a part of that person's world. I must do what I can, realizing that self-esteem may not be of importance in other settings. Also, I must be sure I do not over-do and lead that person astray by so over-loading self-concept that he does not look at things in the real world in a realistic manner. He will not <u>always</u> be capable and he will not <u>always</u> be successful.

So, now that I have had to analyze what I do, I have come up with some answers for myself. One being, it is a grave responsibility and now it frightens me, but the second is, I know no other way to do it: I just treat my pupils like people.

Affect and Academic Achievement in Visually Handicapped Children

Virginia Sowell
Texas Tech University
Lubbock, Texas

Teachers have long prognosticated that children who feel good about themselves as learners will learn more effectively; however, research concerning visually handicapped children and affect as related to learning has been negligible (Coker, 1979; Cook-Clampert, 1981; Head, 1979; Lambert, West & Carlin, 1981). In spite of the lack of definitive data, teachers of the visually handicapped are generally in accord that positive feelings toward academic tasks facilitate mastery of those tasks. It is felt that the effective visually handicapped child has positive affect toward him/herself, others, his/her abilities, his/her future and his/her relationships. These feelings of worth then lead to engagement in academic activities which are most likely to result in successful achievement.

Opinion of Self

Opinion of self can be enhanced by teachers in school settings in a variety of ways. Out-of-school as well as school tasks can merit recognition in school. Therefore, the teacher can employ outside interests for subjects of writing assignments and group activities. The visually handicapped child who is a proficient swimmer can write about his competitions; the one who is a good cook can use recipes in math assignments. Teachers can arrange a non-threatening atmosphere for learning so that the VH child is not "put on the spot" but is encouraged to learn in small increments so that he can use minute successes to lead to larger ones. This attitude on the part of the teacher encourages the child to

participate without fear of failure because he gets the subconscious message that the teacher has confidence in him. Another way to enhance self-concept through academics is for the teacher to stress the positive unique qualities inherent in each child. Being seen as an individual and not part of a group promotes a sense of importance of self. Teachers can also stimulate good opinion of self through planning for development of autonomy in small steps. For instance, children can be given two assignments from which to make a choice; this indicates that his ideas have worth. Teachers should also organize lessons into short time periods so that VH children can have the opportunity for immediate feedback; this both allows for positive reinforcement and mitigates the negative effects of failure for long periods of time. Students can be given options with probable results of choices of those options stressed. In this manner they are given direction in considering alternatives to make them more confident when other situations arise in the future. Good opinion of self can therefore be increased throughout the academic day if teachers are aware of opportunities in this important area.

Perceived Opinion of Others

Perceived opinion of others toward self is a continuing area of ambiguity for visually handicapped children (Cutsforth, 1951; Lowenfeld, 1975; Meighan, 1971). Teachers can advance positive interactions with others in the classroom and therefore abet the development of more positive perceptions on the part of others (Jones, Sowell, Jones, 1981). Structured teamwork in which the visually handicapped child has an assigned task which is obviously contributory to the success of the group activity is one option. The teacher can also provide children of like interests an opportu-

nity to share in structured learning tasks related to these interests. Peer tutoring, in which the VH child is given to opportunity to play roles as both tutor and tutee, is another instructional strategy which is likely to lead to improved perceptions on the part of others. Including non-academic activities such as recreational games, "helping the teacher" times, and attendance at concerts and programs in the community can help others to interact with VH children in a positive climate. These enterprises, if organized so that the VH child is seen as a capable person, can enhance perceptions of others so that the child reflects these perceptions for himself.

Sense of Mastery Ability

A sense of mastery ability can be arranged in many direct ways by the teacher so that positive affect is more likely to develop. Learning in small increments so that programs can be noted leads to more activity; using charts or graphs to record progress gives the VH child a tangible result of his efforts. Study skills should be taught at a very early age in order to fix learning more accurately (Reder & Anderson, 1981). Since typing is considered an adult skill by most children, touch typing can provide the VH child an extra cachet in terms of skills not attained by the majority of others in the class. Children who have not become capable readers using one approach such as phonics or linguistics should be given instruction by other methods. Fingermath might be instigated if the child does not achieve by more traditional methods. Teachers must be aware of learning theory in order to distinguish between normal anxiety and debilitating frustration in order to structure learning for mastery. Finally, cooperative planning in which the VH child is given the opportunity to participate in setting up his goals and learning

activities encourages him to "buy into" his own education and see himself as a capable member of the learning-teaching team; therefore his development of a sense of mastery and ability is incorporated throughout the semester.

Social Skills

Social skills are acknowledged as an important part of development into capable maturity (Rogow, 1981; McLean & Snyder-McLean, 1978). Also, Jervis and Hasleruc (1950) found that VH adolescents tended to debase themselves in response to frustration more than sighted ones. Coping skills in response to frustration can be taught in the classroom through modeling by the teacher, who can verbalize acceptable escape mechanisms, and delaying tactics. For instance, the child can change to another task from a frustrating one rather than waste time or lose control. He can take his own "time out" as a delaying tactic which would be acceptable; other strategies can be developed with the help of an understanding teacher or other adult. Becoming more socially acceptable is an important aspect of education. Teachers can help VH children to integrate social groups by teaching adult and peer games such as rummy, bridge, and board games. Numerous self-help books are on the market to enhance social skills; these are not always brought to the attention of VH children. Knowledge of organizational structures in clubs and other formal groups must be taught to VH children so that their limited opportunities may be put to maximum use. Duties of club officers, ways to volunteer, and resources for use of group activities should be formally taught so that VH children can develop abilities more easily available to sighted children through observation. Caveats not often brought to the attention of VH children are the danger of inappropriate jokes, "going too far" in discussing

sensitive topics, and talking too much in small groups. Our social roles are learned; it behooves teachers of VH children to insure successful learning of appropriate interactions.

Optimism Toward Future

Another facet of positive affect that can be taught in classroom settings is optimism toward the future. VH children need realistic career goals so that they do not feel trapped in limited roles as teachers, social workers, musicians, or piano tuners. Prevocational skills such as being on time to class, getting work in on time, following directions, and working well with others can be taught along with academics. Special interests geared toward the adult role can be included in the academic day; these should include daily living skills, recreational skills, and independent creative use of time. Children should be encouraged to develop a need to accomplish at least one task each day. Pets encourage responsibility toward others as a first step toward maturity. An after-school balance of activities should be initiated at a young age so that the end of school does not mean an end of meaningful activity. Significant others play an important role in optimism toward the future; teachers should enlist parents and others in developing habits and activities that will foster a sense of adequacy leading to a positive view of the future.

Conclusion

As has been shown, positive affect can lead to the development of more effective visually handicapped children so that they can become more successful adults. Teachers must be aware of opportunities to include affective components in learning tasks; furthermore, they must conscientiously structure academic skills development so that positive feelings toward themselves and others will be a con-

comitant element of every school day. Suggestions for achieving positive affect through academics have been included so that teachers will be encouraged to include this all-important element throughout the visually handicapped child's curriculum.

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Preparing Teachers to Work with Pupils in the Affective Domain

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During the past few years, professionals in the field for the visually handicapped have been reviewing and revising competencies for teachers and developing mastery tasks for assessment of those competencies. This project has been conducted at The University of Michigan with funds from the Bureau of Education for the Handicapped, now Special Education Programs, in the Department of Education.

One major deficiency in the project is the absence of attention to competencies related to the affective domain. This deficiency results from a variety of factors, not the least of which is the difficulty of identifying and assessing the affective competencies: they do not lend themselves readily to behavioral definitions and they are difficult to assess objectively. Competencies related to the cognitive domain can be more readily identified and assessed, and hence, the teacher competency project thus far has focused primarily on these.

The objectives of this paper are to:

1. review competencies within the present document for their affective component;
2. identify additional affective competencies;
3. review and critique the mastery tasks for those competencies to determine how appropriate they assess the competency;
4. propose possible procedures for a more realistic assessment of affective competencies.

Competencies with an Affective Component

The current competency project builds on the work of Spungin (1977). In this document 83 competencies, derived from a survey of 807 teachers, were arranged into 12 goal areas. These were reviewed and revised by teacher educators two years ago resulting in a reduction of goal areas to ten and of the competencies to 70. Each competency includes a statement of the knowledge component, the resulting skill(s) that should grow out of that knowledge, and mastery tasks/achievement indicators for assessment. The process, of course, is based on the assumption that knowledge, that is, the cognitive aspect, will lead to a skill, that is, a psychomotor or affective aspect. The artificial separation of the cognitive domain from psychomotor or affective domains has been challenged by Furst (1982) in a recent review of Bloom's taxonomy of educational objectives, a criticism which may be applied to this project as well. However artificial the separation may be, it is still the most appropriate procedure at this stage in the development of the project.

An analysis of the 70 competencies for possible affective skill components produced 10 with a total of 15 accompanying skills (see Chart 1). The first 7 relate to the learner; the next two are relevant for the setting, and the last one is related to the teacher him/herself.

Although these 15 skills may have overlays of being in the affective domain, you will note that they focus almost exclusively on cognitive aspects, that is, the ability to display acquisition of the competency through some cognitive ability. The leap from knowing to applying may never be made. Teacher educators are acutely aware of the problems presented often by the 4.0 GPA students who are unable to apply their knowledge in actual classroom practice with children. To confound the problem, the college instructors of theory courses are often not the ones who supervise the practica so that the

Chart 1

Competencies with an Affective Component

KNOWLEDGE	SKILL
The teacher has:	The teacher can:
1.1 Knowledge of how development can be affected by a visual impairment.	1.1.1 Identify the potential impact of a visual impairment on the child's affective development.
	1.1.6 Identify the potential impact of a visual impairment on the child's social development.
2.2 Knowledge of formal and informal assessment procedures appropriate for visually handicapped learners, in language, affective, sensory, motor and perceptual/ cognitive areas.	2.2.1 Identify types of informal assessment procedures appropriate for visually handicapped learners.
	2.2.2 Identify a variety of formal assessment procedures and instruments appropriate for visually handicapped learners.
3.4 Knowledge of social and independent living skills necessary for visually handicapped learners.	3.4.1 Identify a sequential instructional module to meet the specific social and/or independent living skills of visually handicapped learners, such as personal hygiene, clothing, human sexuality, food preparation, self-care, financial management and interpersonal relationships.
3.12 Knowledge of play skills necessary for visually handicapped children to maximize their intellectual, emotional, social and physical development.	3.12.1 Identify specifics of a child's play behavior as it relates to his/ her development.
	3.12.2 Identify program designed to enhance/teach the visually handicapped child to utilize play skills.
7.6 Knowledge of the need for visually handicapped learners to develop positive self-concepts.	7.6.1 Identify and help visually handicapped children develop a realistic self-concept.
7.9 Knowledge of value of peer relationship for visually handicapped learners with non-handicapped learners.	7.9.1 Identify organized activities which facilitate visually handicapped learner's friendships with non-handicapped learners in the community.
7.10 Knowledge of the effect of visual handicap on family relationships.	7.10.1 Identify relationships between visually handicapped learner and family members.

KNOWLEDGE	Skill
The teacher has:	The teacher can:
	7.10.2 Identify specific negative family interactions, e.g., lack of verbal communication, fostering dependent behavior, etc.
	7.10.3 Identify visually handicapped infant's impact on the family, with particular attention to parent-child interaction, non-verbal communication, bonding, and reciprocity.
10.2 Knowledge of attitudes and value systems in various areas and cultures.	10.2.1 Describe various attitude and value systems in different areas and cultures where he/she is or will be working.
10.3 Knowledge of attitudes and value systems related to the visually handicapped.	10.3.1 Describe various attitude and value systems related to the visually handicapped.
10.4 Knowledge of one's own professional strengths, weaknesses, values, and attitudes.	10.4.1 Devise and implement a plan for professional growth based on current and changing needs of the individual and the profession.

gap between knowledge or theory and application or practice is evident in the training program itself. The translation of theory into practice must be accomplished through a planned integrated program.

Additional Competencies

It should be noted that at the beginning of this project, the intent was focused on cognitive rather than affective competencies. Therefore, the present document is in need of additional competencies in the affective domain. Those included in the present document seem to cover these areas in somewhat varying degrees: play; self-concept; peer relationships; family relationships; and dealing with attitudes and values. The section on self-concept is in need of expansion because of its relationship to academic success and social adjustment as noted in the preceding and following papers.

Needed areas for competency statements include: attention to the affective component within the classroom setting; specifics relative to assessment and teaching of social skills; helping students develop social consciousness including activities such as volunteering; helping families, including siblings, to enhance the affective development of the visually handicapped child; training in assertiveness skills; group dynamics; and advocacy for self and others.

In addition to the preceding affective competencies related most directly to the pupil, we need greater emphasis on the multicultural aspects of the school/community setting. Mere ability to describe and identify attitudes and value systems is not sufficient; demonstrated ability to apply that knowledge is essential in order to attain a good working relationship within the community.

Finally, exclusive emphasis on the professional life of the teacher (or student in training) is not sufficient. The affective needs of the teacher

him/herself must also be identified and met. Those of us in teacher education are well aware of the importance of the self-concept in our students' success in their practica. Frequently, we must spend time helping students develop their own self-concepts before they can manage a group of pupils with confidence. In addition, with the evidence of teacher stress around us in most school districts, leadership personnel have an obligation to help teachers identify and deal with potential sources of stress through professional development programs and for teachers in training during their preparation programs.

Mastery Tasks for Affective Competencies

The current task for the competency project is not only to add affective competencies but also to develop a procedure for assessing proficiency in the application of knowledge and skill to the affective aspects of the classroom setting. Illustrations of mastery tasks/achievement indicators currently in the document focus on demonstration of a competency through some type of oral or written assessment. The task related to 1.1 is illustrative: "Produce a written discussion of potential impact, in general terms, with supporting documentation from the literature and practice experiences." Several do have an application component such as 2.2: "By means of examination, informal assessment techniques are discussed. Knowledge of the proper selection and utilization of various stimulus and response modification is demonstrated." Competencies that seem most closely related to the affective area come closer to an appropriate assessment procedure; for example, 7.6 and 7.9: "List specific methods of assessment determining self-concept in visually impaired children"; "Develop a plan to provide for specific opportunities for friendships with non-handicapped peers."

There are difficulties involved with identifying appropriate assessment

procedures. Affect is difficult to measure. In addition, there are at least two dimensions to the problem: the teacher must have some kind of affective competency in working with pupils and must also be able to assess and deal with affective needs of pupils.

Procedures for Assessment of Affective Competencies

Teacher education at the preservice level and professional development programs for teachers need to include greater emphasis on the development of observational skills in conjunction with theory courses. Opportunities to demonstrate ability to work in the affective domain should be provided through practica not only in the classroom setting but also in community and home settings. Work with parents on an individual family basis and with groups of parents should be an integral part of the preparation program. Assessment of performance in those settings should determine mastery of necessary competencies in the appropriate affective areas.

Because teachers of the visually handicapped in our present day programs spend considerable time working with regular teachers and other school personnel, teachers in training must demonstrate ability to apply consultation skills, become trainers of adults, and most of all advocates for themselves and their students. These competencies should be an integral part of their training and opportunities to demonstrate abilities in these areas must be provided.

Summary

In summary, competencies, particularly for the affective domain, should focus on the translation of the knowledge and skill components into appropriate behavior on the part of the teacher (or student teacher) and then to develop an objective assessment for that behavior. It is essential that teachers work

with pupils in the affective areas, particularly self-concept, since there appears to be a high correlation between academic achievement (and also vocational success) and affective development.

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